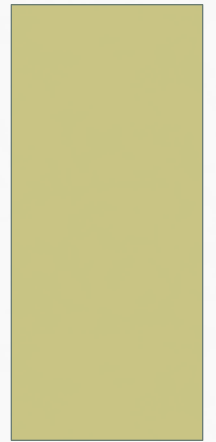


# ANDREWS UNIVERSITY

EMPLOYEE BENEFITS  
OPEN ENROLLMENT 2013



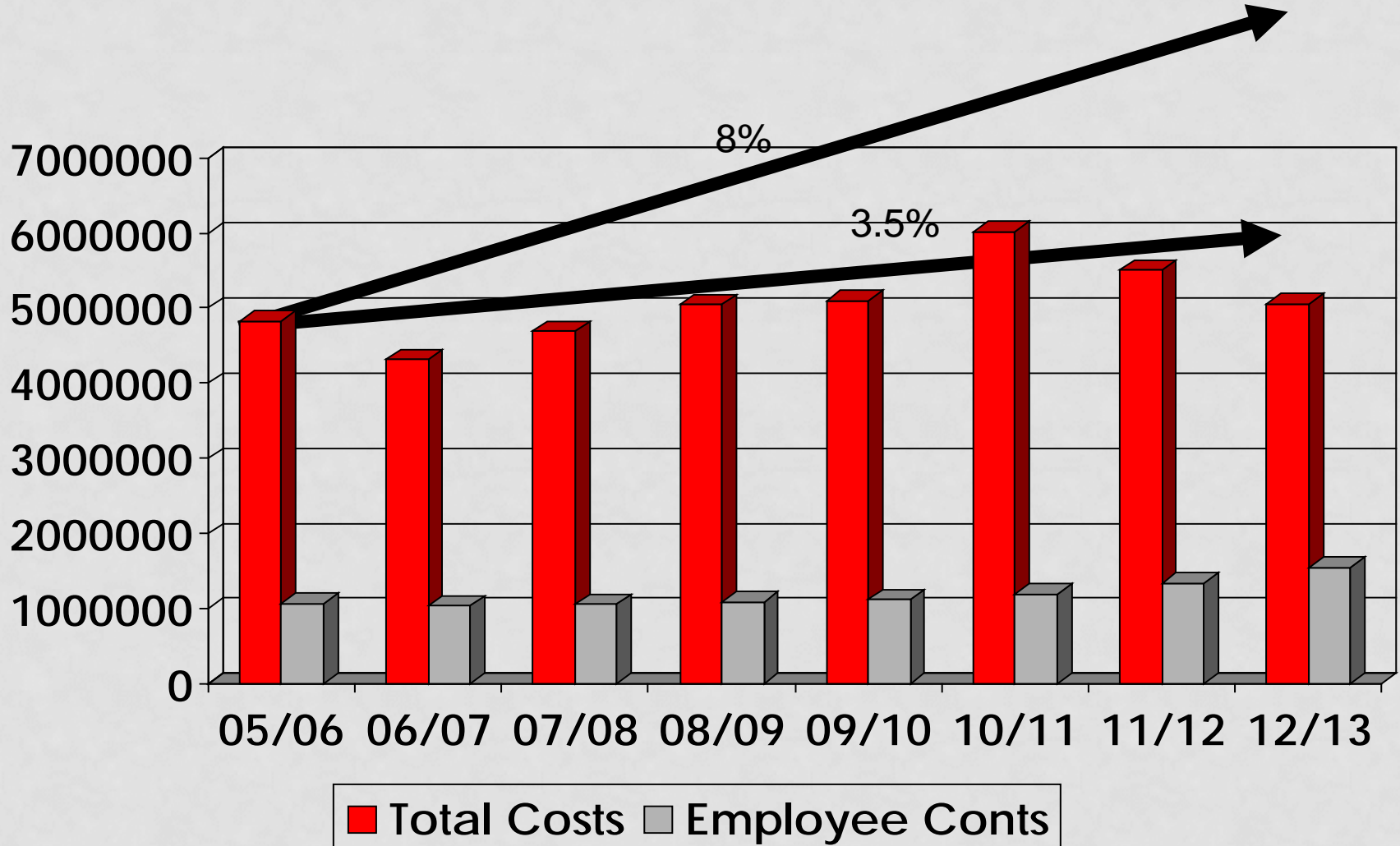


# BENEFITS REPORT CARD

*HOW ARE WE DOING???*



# PLAN YEAR COSTS



Includes Medical, RX & Dental

# EMPLOYEE BENEFITS FOR 2013 AND BEYOND



# FINANCIAL PRESSURES

- Trend on healthcare costs
  - Aging population
  - Cost shifting
  - Technology
- MI Claims Tax (currently underfunded)
- Healthcare Reform (ACA) (est. +20%)
  - No Pre-ex
  - Dependents to age 26
  - 100% preventive coverage (Expanded definition)

# FINANCIAL PRESSURES

- Healthcare Reform (ACA)
  - Legal compliance costs
  - Comparative Effectiveness Fee
  - Reporting costs
  - Coverage for certain clinical trials
  - Exchange penalties
  - Reinsurance fee

# HOW DO WE ADDRESS THE ADDITIONAL FINANCIAL PRESSURES??

- Better plan management
  - Provider contracts
    - Discounts & access
  - Pharmacy plan management
  - Promote consumerism
  - Participant education & tools
  - Health Management (Wellness)
  - Appropriate cost containment

# EMPLOYEE FOCUS GROUPS

## Meetings held in February

- What would you do to address the financial pressures??
  - Narrow the scope of participating provider to Lakeland providers (referral required to go out of the network)
  - Increase individual Medical deductibles
  - Increase in employee contributions
  - Dependent children with other coverage not eligible under the AU Medical/RX plan
  - Cost share for Dental and Vision
  - Decrease dental maximum benefit/participant/plan year
  - Decrease vision benefit /participant/plan year



# EMPLOYEE FOCUS GROUPS

- What did we learn....
  - No two employees view their benefits the same!!!!
  - Employees have different benefit needs



# COST OF HEALTHCARE

- 3 Ways to fight the increasing cost of healthcare
  - Plan Management
  - Cost Containment
  - Change lifestyles/wellness habits
    - *Focus on health management (Wellness)*





# ANDREWS UNIVERSITY

2013/2014 HEALTH MANAGEMENT PROGRAM

# THE GOAL

To be the healthiest campus in the US

Stay focused on our goals!!!

- Encourage employee participation
  - Engage the whole family
  - Modify health behavior of employee/family
- Impact healthcare costs
- Reduce absenteeism
- Improve work-related productivity (presenteeism)
- Measure outcome trends
- Measure ROI
- Be an active participant in your care



# BE AN ACTIVE PARTICIPANT IN YOUR CARE!!!

Did you know that you have access to your medical records?

- Records are now available through
  - Epic Software System
  - There may be a charge associated with a paper copy
  - See your physician for additional information



# 2013/2014 HEALTH MANAGEMENT

- Program Requirements
  1. On-Site biometric screening
    - Or
  - A physician visit (return form)
    - Screening criteria
      - Blood pressure
      - Fasting Glucose/HA1C (if diabetic)
      - Triglyceride
      - LDL
      - Total Cholesterol/HDL Ratio
      - BMI
  - Meet with a Health Plan Advisor and follow plan of care
- 2. New - Meet with a benefit counselor



Screening Criteria	Health Standard	Health Risk	Actionable Value	Critical Value
Blood Pressure	< 140/90	≥ 140/90	≥ 160/100	≥ 180/105
Glucose (not diabetic)	60-100 mg/dl	> 100	≥126	< 40 or > 200
HA1C (if diabetic)	< 7.0%	≥ 7.0 – 7.9%	≥ 8.0 – 8.9%	≥ 9.0
Triglyceride	< 150 mg/dl	≥150	≥300	≥500
LDL	< 130 mg/dl	≥130	≥160	>190
TC/HDL Ratio	≤ 4.0	≥ 4.0	≥ 5.0	≥ 6.0
BMI	< 30.0	≥ 30.0	≥ 35.0	≥ 40.0

# 1 OR 2 HEALTH RISKS

- No action required
- Keep up the good work!!!





## 3 OR 4 HEALTH RISKS OR AN ACTIONABLE VALUE

- Engage a Health Management Advisor
- Patient Advocate/Health Coach
  - Help patient understand the possible outcomes associated with risk factors and develops a plan of care
  - Encourage appropriate, effective access and engagement with healthcare providers
  - Provide resources and education for health lifestyles
  - *Completely confidential – no information is shared with Andrews*

# 5 OR MORE HEALTH RISKS OR AN ACTIONABLE VALUE

- Meet with Health Management Advisor
  - And -
- Discuss screening results with physician
  - Return signed form



# SCREENING DATES

When:

- April 23<sup>rd</sup>, May 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 13<sup>th</sup>, 14<sup>th</sup> & 15<sup>th</sup>

Time:

- 6:30-12:30PM

Where:

- Dining Services

Sign-ups:

- Link will be available soon
  - Instructions provided on the website



*A health educator will review your results with you!!!*

# 2013/2014 BENEFITS

2013/2014 PLAN YEAR



# MEDICAL BENEFITS IN 2013

- Nationally:
  - The average individual deductible in 2000
    - \$500
  - The average individual deductible in 2012
    - \$1,200
- AU's Average individual deductible
  - \$400

# 3 MEDICAL PLAN OPTIONS

Plan	Premier Plan	Standard Plan	QHDHP
Deductible	\$400/\$800	\$550/\$1,100	\$1,350/\$2,700**
Co-Insurance	90%	80%	80%
Max OOP	\$3,250/\$6,500	\$4,250/\$8,500	\$3,150/\$6300
Office Visit Co-Pay	\$20	\$30	Ded, 80/20
RX Co-pay	25% \$0-\$60	35% \$0-\$60	Ded, 80/20
IP/OP Surgery Co-pay *	\$250	\$250	Ded, 80/20

\*Waived at Spectrum Health or Lakeland Regional Health Systems

\*\*AU will make a contribution of \$55/\$110

# QHDHP/HSA

- Employee must be enrolled in a QHDHP
  - Family deductible
    - One deductible covers all members of a family and must be met before the plan pays
    - All services must apply to annual deductible prior to insurance payments
      - Exception: preventive benefits paid at 100%
- Maximum contribution for 2013 plan year
  - \$3,250/\$6,450



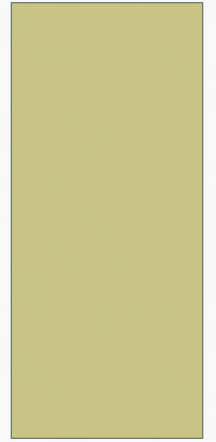
# HSA

- Can be interest bearing
  - Left-over HSA funds roll over from year to year
  - Learn more at: [www.treas.gov](http://www.treas.gov)
- Andrews HSA Bank contributions/month:
  - Employee Only: \$55
  - Employee + 1: \$110
  - Employee + 2 or more: \$110
  - **Reminder - FSA participation is on a “post deductible” basis only**





# 2013 / 2014 EMPLOYEE CONTRIBUTIONS



# 2013/2014 EMPLOYEE CONTRIBUTIONS FOR MEDICAL & RX\*

Employee contribution (Bi-Weekly)	Premier	Standard	QHDHP
Employee Only	<b>\$91</b> \$140	<b>\$64</b> \$98	<b>\$48</b> \$73
Employee Plus One	<b>\$136</b> \$208	<b>\$97</b> \$148	<b>\$87</b> \$133
Employee Plus Two or More	<b>\$181</b> \$278	<b>\$129</b> \$198	<b>\$87</b> \$133

The Bolded number indicates associate has met all of the wellness requirements

\*Based on 24 deductions

# DENTAL AND VISION (OPTIONAL)



- Combined Benefit
- No change to current benefit/coverage levels
- Requires a 2 year enrollment
  - Contribution per pay
    - Single - \$5
    - 2 Person - \$10
    - Family - \$15



# DENTAL & VISION BENEFITS

- Dental Benefit
  - 100%/75%/75%/50%
  - \$1,000/\$1,760 max benefit
- Vision
  - \$15 Co-pay for routine exams
  - 100% - \$250/participant/plan year



# GLOBAL HEALTHCARE



- Coverage coordinated through ACM (Akeso Care Management)
  - How?
    - All services **must be coordinated and preapproved** (call precert # on ID Card)
    - Must be a JCI (Joint Commission International) accredited facility
    - Must be deemed “cost-effective” by ACM
    - ACM can also coordinate emergency services for immediate care outside the US

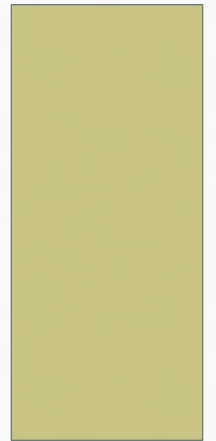
# GLOBAL HEALTHCARE

- What do I need to know?
  - Initial Diagnosis should be provided by an in-network provider here in the states
  - Must be a good candidate for travel
  - Typically non-emergent care
    - Time-allowance for coordination
  - Follow-up care should also be provided by an in-network provider here in the states
  - Services must meet the cost effective threshold
  - \$7,000 payment to employee (taxable)



# FLEXIBLE SPENDING ACCOUNTS

7/1/2013



# FLEXIBLE SPENDING ACCOUNT (FSA)

- Voluntary Pre-tax deduction
  - Healthcare Reimbursement
    - **\$2,500 maximum**
  - Daycare Reimbursement
    - **\$5,000 maximum**
- ASR Administered
  - MBI Debit Card (non QHDHP participants)
- Determine your plan year contributions
- FSA Contributions are payroll deducted
- IRS requires a proof of expense
- “Post Deductible” medical expenses for HSA participants



# FSA IRS REGULATIONS

- OTCs only reimbursable with a prescription
  - Participant Elections
    - No change until next open enrollment or change in status
  - “use-it-or-lose-it” rule
  - Careful planning – review prior & expected expenses
  - Health Care FSA – advance reimbursement
  - Dependent Care FSA – no advance reimbursement
- You must re-enroll every year

# LIFE AND DISABILITY

- AU paid coverage:
  - Life
    - Employee - \$100,000 or \$50,000
    - Spouse - \$50,000 or \$2,000
    - Dependents - \$10,000/\$5,000/\$2,000
  - Long Term Disability
    - 67% - \$6,000
    - 90 Day elimination period



# THE HARTFORD – New and Improved This year!!!

- Voluntary Supplemental Life Ins
- Employee
  - \$10K Increments to \$750,000 not to exceed 7 X annual income
- Spouse
  - \$5K Increments to \$250,000 not to exceed 100% of employee election
- Dependent Children
  - \$5,000 increments not to exceed \$25,000

# THE HARTFORD



**NEW**

- Supplemental Life Guarantee Issue
  - Employee Guarantee Issue:
    - \$150,000 for all employees
    - Next year, if you have not elected \$10K in coverage, you will be subject to evidence of insurability for additional coverage
  - Additional coverage on your Spouse:
    - Medical Underwriting Required

# THE HARTFORD

- Value-added services
  - Travel Assistance
  - Ability Assist
  - Estate Guidance
  - Life Conversations
    - Brochures available!!!



# NEW BENEFITS AVAILABLE

Voluntary Disability  
Voluntary Critical Illness  
Voluntary Accident Plan



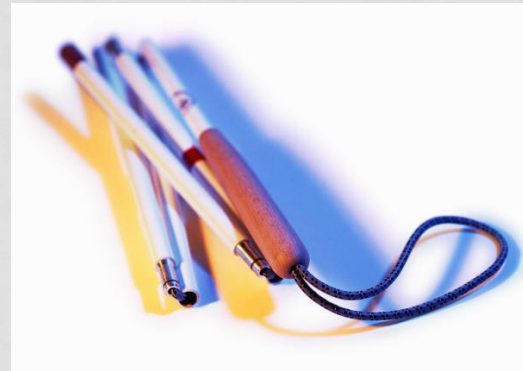
# DISABILITY INSURANCE

- Why do you need it?

- Insurance for your paycheck!!!

Provides the money you need to maintain your home and your lifestyle

- Mortgage
- Medical expenses
- Child care
- Credit card bills



# VOLUNTARY DISABILITY



- You design the benefit:
  - You can choose:
    - A monthly benefit between \$400 and \$5,000
    - The waiting period before benefits begin
    - Duration of benefits
  - Your benefit counselor will help you calculate premiums/quotes







# VOLUNTARY CRITICAL ILLNESS

- What is covered?
- Examples of critical illnesses covered under the base plan:
  - Heart attack, blindness, major organ failure, end-stage renal (kidney) failure, coronary bypass, benign brain tumor, stroke, coma, permanent paralysis, cancer & carcinoma
- This benefit can pay \$50 per calendar year per insured individual for covered health screening tests, including:
  - Benefit available after covered for 30 days
  - Blood tests, stress tests, colonoscopies, mammograms & chest X-rays
- A full list of covered tests will be provided in your certificate

# CRITICAL ILLNESS RATES:

Sample Rates for a 40 year old  
non smoker w/ \$5,000 benefit  
\$1.90 per week

# VOLUNTARY UNUM ACCIDENT PLAN

- Unum's accident insurance can pay benefits based on the injury you receive and the treatment you need, including surgery
  - X-rays
  - Emergency room care (including related surgery)
  - Wellness benefit pays \$50 per insured per calendar year
    - Benefit available after covered for 30 days
  - You can also purchase a Sickness Hospital Confinement rider



# ACCIDENT PLAN RATES:

Weekly Rates			
Plan	Employee	Spouse	Child
Accident	\$4.10	\$2.66	\$3.30
Sickness Rider	\$.48 per \$100		

# AFLAC

Do you have an Aflac policy?

You may continue your Aflac policy  
– your benefit consultant can tell  
you how!



**OPEN ENROLLMENT**

MADE POSSIBLE BY:

**BENEFIT TECHNOLOGIES**

IN COOPERATION WITH **bswift**

# SIMPLE STEPS TO ENROLLING:

- Benefit Counselors
  - One-on-one assistance provided by BenTec
- Schedule a time to meet with a benefits counselor during Open Enrollment
  - Appointment times will be made available
  - Review benefit options available for the new plan year
  - Make your selections
  - Update all personal information



# OPEN ENROLLMENT

- Opens
  - Wednesday, May 1st
    - 9:00 am
- Closes
  - Wednesday, May 16th
    - 5:00 pm





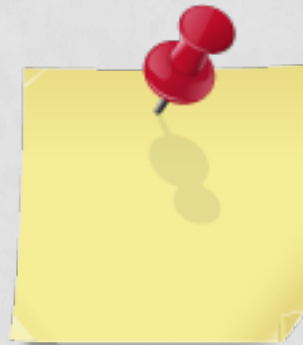
# OPEN ENROLLMENT DEADLINE

- Open Enrollment Process will be finalized May 16th at 5:00PM
- *No changes after that date can be accepted*



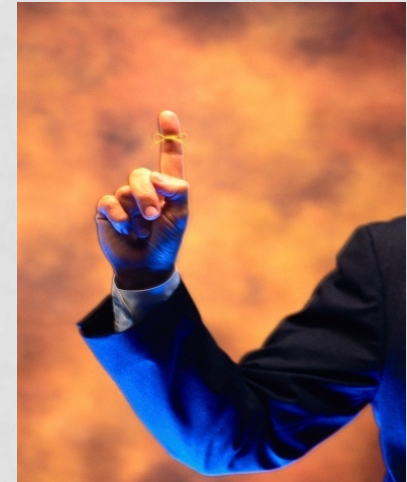
# BENEFIT STATEMENTS

- Confirmation statements will be Provided
- Review your confirmation statements and contact HR **by May 16th** should you need a correction to your enrollment!!!



# REMINDERS

- All participants have 30 days after a qualifying event to make changes to your enrollment status
  - Birth
  - Adoption
  - Marriage
  - Divorce
  - Change/loss of other coverage
  - **etc.** (See SPD & Amendments)



# REMINDERS



- A covered person must call Physician's Care Health Management (# on the front of the ID card) before/for the following services:
  - Hospital admission
  - Therapies
    - Physical, Occupational, Speech, Chemotherapy, & Radiation
  - Rental or purchase of Durable Medical Equipment
  - Home Health Care
  - Purchase of a custom-made orthotic or prosthetic
- When in doubt – make the call!!!

# QUESTIONS???





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